ApprovedDenied
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## Application for Chiropractic Board Preceptor Approval Preceptor Form

## Iowa Department of Public Health/Bureau of Professional Licensure

## PLEASE PRINT

Effective Dates for Preceptorship:			through						
	otor Information	Month/Day/Year		Mont	h/Day/Year				
_									
1	Last Name		2	First Name a	nd Middle Name				
3	Mailing Address								
4			5						
4	City, State, Zip Code		J	E-Mail Address					
6		7		8					
o	Daytime Phone (Including Area Code	) ,	Date of Birth	0	Chiropractic License Number				
9. $\square$ 1	Male  ☐ Female 10.								
Gende	Male $\square$ Female 10. $r(optional\ question)$	If any of your documentation	n is in a name oth	her than your current na	me, list the previous names of record.				
Intern	/Chiropractic Resident I	nformation							
	•								
11	Last Name		12	First Name a	nd Middle Name				
13	Mailing Address								
14	City, State, Zip Code		15.	E-Mail Address					
10	Daytime Phone (Including Area Code		Date of Birth	18	Preceptorship Status				
10 🗆	Mala	20							
Gende	Male Female r (optional question)	If any of your documentation	n is in a name oth	her than your current na	ume, list the previous names of record.				
Snone	oring Board Approved C	hiroproctic Collog	o Contact 1	Information					
Spons	oring board Approved C	im opractic Coneg	e Contact i	mormation					
21	Board Approved Chiropractic College	Namas							
	Boara Approvea Chiropractic Conege	e trames							
22	Mailing Address								
22	Ü								
23	City, State, Zip Code								
24	•		25						
24	Preceptor Program Coordinator 's La	ast Name	25	eptor Program Coording	ntor 's First Name and Middle Name				
26									
20 Preceptor	Program Coordinator 's E-Mail Addre	2727	hone (Including A	Area Code)					

Preceptor applicant must answer the following questions.							
28. Do you hold a current Iowa chiropractic license and have been continuously licensed in the United States for the previous five years prior to the date of this preceptor application?							
29. Are you currently fully credentialed by the sponsoring chiropractic college that is board approved?							
30. Have you had any formal disciplinary action or been a party to a malpractice settlement or judgment within the past three years?							
31. Do you understand that you shall not supervise more than one chiropractic intern or one chiropractic resident for the duration of the preceptorship period?							
32. Do you understand that your role as a preceptor shall include:  a. Responsibility for supervising the practice of the chiropractic intern or chiropractic resident who is accepted into a preceptorship practice.  b. Identifying the chiropractic intern or chiropractic resident to the patients of the preceptorship practice to ensure that no patient will misconstrue the status of the intern or resident. The intern or resident shall wear a badge identifying that person as an intern or resident at all times in the presence of preceptorship patients.  c. Exercising direct, on-premises supervision of the chiropractic intern or chiropractic resident at all times that the intern or resident is engaged in any facet of patient care in the chiropractic physician preceptor's clinic.  d. Directing the chiropractic intern or chiropractic resident only in treatment care that is within the educational background and experience of the preceptor and within the scope of practice as defined by Iowa law and administrative rules.  e. Notifying the preceptorship program within 30 days of either of the following actions:  (1) If the preceptor has any formal disciplinary action taken by any licensing entity; or  (2) If the preceptor is a party to any malpractice settlement or judgment?	.  Yes No						
33. Do you understand that you are responsible for knowing and understanding the laws and rules governing the practice of chiropractic in the state of Iowa including Iowa Code Chapter 151 and Iowa Administrative Rules Chapters 645—41 through 645—45 as well as all other associated rules?							

I certify that I have carefully read and understand the questions and information on this application and have answered them completely and truthfully. I declare under penalty of perjury that my answers, and all other statements or information submitted by me in this application process, are true and correct. If it is determined at any time that I have provided misleading or false

information on	or in	support	of this	application,	I un	derstand	that	my	application	may	be	denied	or	that 1	l may	be	subject	t to
disciplinary action	on and	d crimina	al prose	cution.														

I understand that I am required to update answers or information submitted herewith if the response or the information changes during the time period the application is pending. I also understand that this application is a public record in accordance with Iowa Code, Chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law. Finally in submitting this application, I consent to any reasonable inquiry that may be necessary to verify the information I have provided on or in conjunction with this application.

34	
Preceptor Applicant must sign here in ink	Date
This application must be notarized. Note that there are a application requiring responses from the applicant.	multiple previous pages to this

Mail the original completed application bearing signature in ink to:

Notary Signature/stamp

Iowa Board of Chiropractic Lucas State Office Bldg., 5<sup>th</sup> Floor 321 E. 12<sup>th</sup> Street Des Moines, Iowa 50319-0075 **Date**